The Special Attention of Physician	s is Respectfully Invite	d to the Remarks	below, and to List of	Diseases on back of	this Certificate.
02/	Departm			altimore.	/"
The Physician who attended to the Undertaker or other person requested so to do, under penalty of	Office of Regany person in a last illustrated in the burst flaw. IT FOR BURIAL CAN E	ial, within twenty	for the presentation of	of this Certificate, ac leath of said decease	
CER	TIFICA	TE C	F DEA	ATH.	A
Date of Death,	uly 1st	1887		······································	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Fran	rais Jose	ph Vea	ral
Sex, Male or Female, { cro		-			
Age,	Years,	2	Months,		Days.
Color, White					
Married, Single, Widow	or Widower, {Cross required	out the words not } red in this line.	5		
Occupation,		3		<u> </u>	
$Birth\ \ Place, egin{cases} ext{State or country, a} \ ext{long in the United} \ ext{if of foreign birth.} \end{cases}$	nd how States,	6	Dallimor	~, V	
Duration of Residence is	n the City of Bo		fa		
Place of Death, Give Street a	and 310	South	Ofter		
First (P.	rimary), ho	lesar	ifant	und	
Cause of Death, \langle	(Immediate),	vouls	L'ans		
Duration of Last Sickne		Says!			
Place of Burial,	ly 262	osslo	m	7.	
Date of Burial,	ly 25	A.C.	JARA.		
(Undertaker,	12hle		·	Medical Attenda	
Place of Pasings 1	7/2	1000	711 91 0	a evert.	11

The Special Attention of Physicians is Respectfully Invited to the w, and to List of Diseases on back of this Certificate. Permit No. Statistics. Office of Begistrar of The Physician who attended any person in a last illne. Is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, Vu $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and spell} \\ ext{correctly.} & ext{If an Infant} \\ ext{not named, give names} \\ ext{of parents.} \end{array}
ight\}$ Sex, Male or Female, (Cross out the word not required in this line. Age, Years, Months, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,... $Birth\ Place, \{ egin{array}{ll} ext{State or country, and how} \ ext{long in the United States,} \ ext{if of foreign birth.} \ \end{cases}$ Duration of Residence in the City of Baltimore,... $Place \ of \ Death, \{ ^{ ext{Give Street and}} \}$ Cause of Death, Second (Immediate), Corvuln Duration of Last Sickness, All the above information should be furnished by Place of Burial, holey Cross Cemela Date of Burial, Lucy 1 (Undertaker, ne Doyle Place of Business, 618 I chortes St Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

The Special Attention of Physicians is Kespectiuity invited to the Kemarks below, and to list of Diseases on back of this Certificate
Permit No. 833 Office of Regissmar of mat Statistics. Ward 16"
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be extrained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of preents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days
Color, Shile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life Ame
Place of Death, {Give Street and } # 48 & Fremont. M
Cause of Death, { First (Primary), Manningitis Second (Immediate), Prostration
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Meteric Cemetry
Date of Burial, July 3" 1889 (Suffer of M D
S Undertaker, H. J. S.
(Place of Business, Ld) Quilaw T Address, 70 %. Taca 1 -

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department Gitt of Baltimore.
Permit No. Some Office of Registrar of Vital Statistics. Ward Office of Registrar of Vital Statistics. Ward Office out, to the Undertaker or other person superintending the burial, which was after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. CERTIFICATE OF DEATH.
Date of Death, July 2 nd 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male of Female, {required in this line. }
Age, O Years, Z Months, 17 Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not } Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Luce but
Place of Death, (Give Street and) 2000 Mary Carra St.
Cause of Death, Second (Immediate), Office tile Score
Duration of Last Sickness, 5 days All the above information should be furnished by the Physician.
Place of Burial, Western bennety
Date of Burial, iful 3" 1887 G. To Bouchain M. D.
Undertaker, Michielas Jank Medical Attendant.

Permit No. 2835 The Physician who attended nut, to the Undertaker or other pe	erson superintending the buri	responsible for the presen	tation of this Certificates after the death of s	te, accuratly filled
sooner, if requested so to do, und No PERMIT	FOR BURIAL CAN BE OBT.	AND WITHOUT A PROP	ER CERTIFICATE.	
Cl	ERTIFICAT	E OF DEA	TH.	
Date of Death,	vay /	1881	10 10	
	, partial	Funda A	Bully	
Sex, Male or Female, { cross of require	at the word not }	vinor		1
Age,	Years,	5 Month	hs,/-Q	Days,
Color,	1/ hile			
Married, Single, Widow or	Widower, { Cross out the wor	rd not }	V	
Birthplace, State or country, (a long in the United if of foreign birth.	and how Bath City T	Edmon de	wa Aus	nus)
Duration of Residence in the	he City of Baltimore,	Some So	ron A	
Place of Death, Give street ar	nd) 1303	Comond so	n Norm	en
Cause of Death, First, (Prince, Second, (In	nmediate,)	xhaustive	1	
Duration of last Sickness,	ald be furnished by the Physician	Alma O	Joseph	
Place of Burial, Gree		- Pos-	fined	w n
Date of Burial, Und	92/1/		м	edical Attendant.
J Undertaker, LO envi	y Mitchell	2	84.	y As
Place of Business /20	i mit agette	Address, 163	60 moni	Von 110

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

wm. J. C. DULANY A CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians	is Kespectially Invited to the K	emarks below, and to	ASU OF DISCASES ON	vack of this fartificate
Permit No. 836	Department, Office of Registra	r of Ville Su	atistics.	Ward 10-
£	law. FOR BURIAL CAN BE OBTAIN			ficate, accurately filled out deceased, or sconer, i
	ly/st 18	arles p	Claebi	ing
$Sex, Male or Female, \{ ^{cross}_{requi} \} $	out the word not red in this line.	Month	s,	Days
Married, Single, Widow or		ds not }	1	
$Birth \;\; Place, egin{cases} ext{State or country, and long in the United S} \ ext{if of foreign birth.} \ Duration \;\; of \;\; Residence \;\; in \end{cases}$	the City of Baltimore	Lile		
Place of Death, Give Street and Number.	72780	ralogo	256	•
$Cause \ of \ Death, egin{cases} ext{First (Print)} \\ ext{Second (In)} \end{cases}$	mary), Asp	hysica	·	
Duration of Last Sickness				
Place of Burial, Colinar Date of Burial, July	3-0/87	Jim	Gonel	el un

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE ÇITY, cm1132. Printed 1.0/27/2022.

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate
Bealth Department, of ity of Baltimore.
Permit 16. 837 Office of Registrar of Vite Statistics. Ward 20
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the bodial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained Without Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 1 (88)
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, (Cross out the word not)
Age, 68 Years, Months, Days
Color, Bek
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Coal Heart
Birth Place, {State or country, and how long in the United States, fir of foreign birth.
Duration of Residence in the City of Baltimore, # 470
Place of Death, (Give Street and) 1/3 Paterson Lane
Cause of Death, Second (Immediate),
Duration of Last Sickness, A Fout one year
Place of Burial, St. Leters Centery
Date of Burial, 146 1889 214 6 16
Undertaker, Salan William & SGT Medical Attendant
Place of Business, (4), O. Toward Address, Freshman from

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Burial, asba

Date of Burial, July

and opecial neormeton of	inystomas is neopectary	Invited to the memarics	201011, 2012 to 2100 to 21		
Permit No. 48	alth Depar 38 Office of attended any person in a la her person superintending the	Registrar of	Prat Statistic	cs. Ward 5	
requested so to do, under	r penalty of law. No Permit for Burial CERTIFI	CAN TO THE DAY	HOLE PROPER CESTI	PICATE.	C
Date of Death.	Julys	1 188	37		
Full Name of Del Sex, Male o r Fem Age,	eceased, { Write legibly and correctly. If an Ir not named, give no of parents. { Cross out the word not } required in this line. }	ames \ feacy	Months.	10	Days
Color,	Calard			, ,	Days
Occupation	Widow or Widower,			V	
Birth Place, State of long in if of for	or country, and how the United States, oreign birth.	Baltimus Si	City N	nd ·	^
Place of Death, {	Give Street and Number.	4,18 The	inte St.	Rallin as	mo
Cause of Death,	First (Primary), Co	Gnan	Ch Trac	healis	
Duration of Last	Sickness, 6.	Dayes.			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificane.
Bealth Department, City of Baltimore.
Permit No. 839 Office of Registrar of Vital Statistics. Ward
The Physician who a tended any person in a last illnow, is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, a requested so to do, under penalty of law. No Permit for Burial Carrier Official Without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 14: 18%
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, /S Days
Color, Slack,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Bultimore, All Meddele
Place of Death, {Give Street and } July Manuscher!
Cause of Death, Second (Immediate), Cholera & Infantion.
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Shorper Cemelry
Date of Burial, July 2, 1889
J. Undertaker, Rely Henrisby M. D. Medical Attendion
Place of Business, by Orchande Address 002 Mayinglands

Health Mepartment, City of Baltimore.
Permit No. 840 Office of Begistrar of Vital Statistics. Ward 18 11
The Physician who attended any person in a last illustry is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the total four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law. No Permit for Burian oan he Obsained without a Proper Certificate.
AODE NO.
CERTIFICATE OF DEATH.
Date of Death, July
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } Terral all
Age, 57 Nears, 2 Months. 10 Days
Color, white.
Married, Single, Widow or Widower, {Cross out the words not } required in this line.}
Occupation, Lousevife
Birth Place, {State or country, and how long in the United States, I for foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, (Give Street and) 50 Ridgely Dh
First (Primary), Chronic Bronahetis
Cause of Death, Second (Immediate), Phthisis Dulmonulis
Duration of Last Sickness,
All the above information should be furnished to Physician Place of Burial Soudon Jank
Date of Burial, July 3, 1884 Gustar Will MD
(Undertaker, h. J. Lill Hou Medical Attendant.
Place of Business, 746 Columbia Ave Address, 1336 W. Low band
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is nespectively invited to the Remarks below, and to list of Diseases of Back of this Certificate.